



# Montana Immunization Program Newsletter

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## Upcoming Events

### IZ Provider Session: Immunization for Healthcare Personnel

Wednesday, September 13, 2017 at 12:00pm (MT)  
Presented by Sue Sebazco, RN, MBA, CIC Infection Director at Texas Health Arlington Memorial Hospital. Click [here](#) for more information.

### Standing Orders for Vaccination Webinar

The Hawaii Immunization Coalition is offering a free, one hour webinar on Tuesday, September 19 from 3:00-4:00pm (MT). William Atkinson, MD, MPH will present this webinar. Pre-registration is required. Click [here](#) for more information, including description of the webinar and registration details.



## Clinic Spotlight

### Sports Physical Immunization Clinic- St. Joseph Clinic

The St. Joseph Clinic in Polson implemented sports physical immunization clinics this summer! Read about their great results and lessons learned along the way.

#### Current sports physical immunization clinic process:

- The front desk staff checks in the patient and places their Montana High School Association Sports Physical form (PE form) in a pile.
- The Nurse or MA reviews the patients record and writes what each patient is due for on the PE form. The PE form, the VIS sheets for the due immunizations, and a handout on the locations/times that immunizations are available in our valley are provided to the patient. This handout includes all the clinics (St. Joseph's, St. Lukes, Tribal Health, and the LCHD).
- At the end of the appointment the provider educates the patient and parents that they are due for immunizations and asks them to return to the front desk to register for immunizations and to have their PE form copied.

- Patients have their PE form copied. They are reminded that they can receive their vaccines today. If they elect to receive vaccines that day, they then register at the front desk for immunizations and go to the OB clinic (the other side of the clinic).
- NOTE: The sports physical clinic is a cash only clinic and all the money raised is donated back to local booster clubs. This is why there is a separate registration for the immunization portion.

### Sports immunization clinic outcomes:

The sports clinic in June completed 25 sports physicals and 5 patients received immunizations. The second sports physical immunization clinic in August completed 52 physicals. Eight patients were up-to-date, 12 patients were unable to find an immunization record (not in imMTrax or their EHR), and 15 patients received immunizations after their appointment for their sports physical.

### Lessons learned about implementing a sports immunization clinic from June until now include:

- Make sure the immunization record is with the PE form before the patient is roomed.
- It was nice to have a separate area for the immunization portion of the clinic. In June, the clinic tried to let them stay in the room where sports PE were going on. This was a very busy area and it was difficult to keep track of where the nurse could go to give immunizations.
- At the busy clinic in August, it was best to have three people giving immunizations and helpful if the front desk staff would write the insurance on the imMTrax form. Also, make sure a staff member updated the imMTrax consent. At peak patient check-in times, two staff were looking at records (both imMTrax and Epic). One front desk staff assisted in pulling the record from imMTrax.
- Hand out cards with MT Teenvax registration information.

See below for the example of the PE form used.

**MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION**

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1, 2012, will not be valid for participation for the following school year. All information is to remain confidential.

**HISTORY - To be completed by the student and parent(s).**

**QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)**

Name: [REDACTED] Male ☒ Female ☐ Grade: 12 Date of Birth: [REDACTED]

Home Address: [REDACTED] Phone Number: [REDACTED]

Parent's Name: [REDACTED] Family Physician: [REDACTED]

Current School: [REDACTED] Date: 8/1/17

Student Signature: [REDACTED]

**Explain "Yes" answers below. Circle questions to which you don't know the answer.**

<p>1. Has a doctor ever denied or restricted your participation in sports for any reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like diabetes or asthma)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Are you taking medicine for ADHD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Do you have allergies to medicines, pollen, foods, or stinging insects? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8. Have you ever had dizziness, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Has a doctor ever told you that you have (circle all that apply): High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/></p> <p>11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>13. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Has any family member or relative died of heart problems or of sudden death before age 50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>15. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>16. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17. Have you ever had surgery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game. If yes, circle affected area below:</p> <p>19. Have you had any broken or fractured bones, or dislocated joints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, circle below:</p> <p>20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?</p> <table border="1"> <tr> <td>Head</td> <td>Neck</td> <td>Shoulder</td> <td>Upper arm</td> <td>Elbow</td> <td>Forearm</td> <td>Hand / Fingers</td> <td>Chest</td> </tr> <tr> <td>Upper back</td> <td>Lower back</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Calf/shin</td> <td>Ankle</td> <td>Foot / Toe</td> </tr> </table> <p>21. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>22. Have you been told that you have or have you had an x-ray for abnormal (pec's) irregularity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>23. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>24. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Allergies: <u>NKA</u></p> <p>Immunizations: (eg. tetanus/diphtheria, measles, mumps, rubella, hepatitis A, B; influenza; polio/meningitis; pneumococcal; meningococcal; varicella)</p> <p>Date of last known tetanus shot: <u>1-16-18</u></p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toe	<p>25. Do you cough, wheeze, or have difficulty breathing during or after exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>26. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>27. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28. Have you been told or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>30. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>31. Have you had a herpes skin infection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>32. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>33. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>35. Do you have headaches with exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>37. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>38. When swimming in the pool, do you have severe muscle cramps or spasms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>40. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>42. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>43. Are you happy with your weight? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>44. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>45. Have anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>46. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>47. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>FEMALES ONLY</b></p> <p>48. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>49. How old were you when you had your first menstrual period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>50. How many periods have you had in the last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Explain "Yes" answers here:</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / Toe										

## HPV Vaccination Algorithm: Check it Out!

This algorithm assists clinics with determining whether a patient will need two or three doses of HPV. The

algorithm is posted [HERE](#).

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## Vaccines In Practice

### National Association of School Nurses (NASN) Supports Immunization



August is Immunization Awareness and back-to-school month! [NASN's Interactive Back-to-School Toolkit](#) highlights a variety of health topics, including immunizations. These [immunization resources](#) are available to help prepare for the 2017-2018 school year.

There are specific resources available for high school nurses, including Stats4Vax, in addition to [Keep Flu Out of School](#) resources available for all nurses.

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## VFC Corner

### Monthly VFC Hot Topics Webinar

When: Every other month, last Tuesday and Thursday of the month

[Updated Hot Topics Schedule](#)

[Archived Presentations](#)

### September Hot Topic- IZ Billing For Adult Immunizations

Save the date!

- Tuesday, September 26th at 12:00pm
- Thursday, September 28th at 12:00pm

Please help us develop our VFC Hot Topics webinar! If there is a subject you would like us to cover, please send to [hhsiz@mt.gov](mailto:hhsiz@mt.gov).

## VFC Reminders

### Merck Hepatitis Vaccine Supply Shortage

On July 21, 2017, Merck sent a letter to their vaccine customers announcing a supply shortage with their hepatitis vaccines. The shortage affects Vaqta® and Recombivax® and is predicted to last into 2018. [Read the letter from Merck.](#)

This issue does not affect hepatitis vaccines in our public vaccine programs because our hepatitis vaccines are from GSK. The CDC has assured us that GSK will have sufficient inventory of their hepatitis vaccines to withstand the increased demand. We will monitor closely and update providers if the situation changes.

### Backup Data Loggers

Three years ago, we issued all VFC providers in Montana a backup data logger in addition to a data logger for each of your public vaccine storage units. The backup data logger is an "extra" so you have one on hand in case you need it. You may need an extra data logger if one of your current data loggers malfunctions or if you

are setting up a new storage unit to replace an old one. Backup data loggers are labeled "Backup Data Logger" on the box, are not setup to record yet, and have the batteries removed. To deploy your backup data logger, you need to install the battery and go through the setup process for either a refrigerator or freezer depending on where you need it. We recommend storing it in a well-marked, well-communicated location (preferably a refrigerator) so anyone needing it can find it.

*Backup data loggers should not be in routine use.* Situations requiring your backup data logger should be quickly resolved so it can be returned to its "standby" status. Routinely using your backup so that you don't have an "extra" on hand is against CDC requirements. Please let us know immediately if you are using your backup data logger and need an extra or replacement data logger to remedy the situation.

### **Backup Data Loggers Recalibration**

Just a reminder that our backup data logger recalibration is still in process. The backup data loggers issued three years ago are due for calibration. You will receive a package from us with a freshly calibrated backup data logger and a pre-paid shipping label to return your old backup data logger to us. Please return the old backup data logger immediately. This helps us stay on track with the recalibration process.

### **Check and Then Double-Check Those Doors!**

We have had a rash of temperature excursion lately due to storage unit doors being left open. Several of these incidents have wasted vaccine. Please check and double check your vaccine storage unit doors! Here are a few tips to ensure your storage unit doors are closed properly:

- Make sure the contents of the unit or ice build-up is not preventing the door from closing securely.
- Attach a child safety latch if the door seal is not secure.
- Educate staff on the importance of closing the door securely after each entry.
- Add "check vaccine storage unit doors" to your end-of-day temperature check process.



## **2017 Immunization Provider Series**

### **Immunization for Healthcare Personnel**

Wednesday, September 13, 2017  
at 12:00 (Mountain Time)  
Presented by Sue Sebazco, RN, MBA, CIC Infection  
Prevention Director for Texas Health Arlington  
Memorial Hospital

This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

1.25 nursing contact hours.

Click [HERE](#) for webinar login information and additional details about the webinar series.

## **Archived Immunization Provider Education Sessions**

The following webinar sessions are available to view one year from the date of the original presentation. The sessions are available on the MMA website at no cost. Nursing contact staff can receive 1.25 nursing contact hours for each session.

1. *Prevention of Influenza in High-Risk Groups: What Are the Vaccine Options and Strategies?* presented by Gregory Poland, MD, from Mayo Clinic- **Available until 9/23/2017**

2. *HPV Immunization: Separating the Myths from Reality* presented by Erin Stevens, MD, FACOG, from Billings Clinic- **Available until 11/21/2017**

3. *Applying Principles of Vaccination to Vaccine Administration Best Practices* presented by Donna Weaver, RN, MN from CDC- **Available until 02/06/2018**

4. *Strategies to Communicate with Vaccine Hesitant Parents* presented by JoEllen Wolicki BSN, RN from

CDC- Available until 03/28/2018

5. *Adolescent Immunizations: Give it a Shot*  
presented by Amy Middleman, MD, MSED, MPH  
from University of Oklahoma Adolescent Medicine-  
Available until 05/30/2018

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## imMTrax Announcements

### Read Only and Read Only w/Consent Trainings

As Back-to-School time approaches, we want to make sure all our Read Only and Read Only w/Consent Users who will be accessing imMTrax for immunization records have the tools they need to move efficiently through imMTrax.



In August and September we will be offering four voluntary opportunities for Read Only and Read Only w/Consent Users to participate in web trainings (via WebEx).

Topics discussed will include:

- Search, View, Print
- Client Reports
- Documenting and Updating Consent Status
- Medical Home Associations

In order to accommodate a number of imMTrax Users throughout Montana, the offering dates and times are spread over four weeks:

Monday, August 14	12:00 – 1:00 pm
Thursday, August 24	3:00 – 4:00 pm
Tuesday, August 29	12:00 – 1:00 pm
Wednesday, September 6	8:00 – 9:00 am

Links and access information can be found in imMTrax, under the “upcoming events” section or on the [Immunization Program Calendar](#).

If you have questions about any upcoming imMTrax trainings, please contact (406) 444-2969 or [mfuncness@mt.gov](mailto:mfuncness@mt.gov).

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## Monthly Vaccine-Preventable Disease Report

**Table 1. Select Vaccine-Preventable Disease Counts by Jurisdiction of Residence- July 2017 and Year to Date**

Select Vaccine Preventable Disease Case Counts by Jurisdiction of Residence, 2017	Haemophilus influenzae, invasive	Mumps	Pertussis	Streptococcus pneumoniae, invasive	Varicella (Chickenpox)
Jurisdiction					
CASCADE				1	1
FERGUS					2
HILL				1	
LEWIS AND CLARK	1		6		
MCCONE			3		
MISSOULA					1
SANDERS		1			
YELLOWSTONE					1
Total	1	1	9	2	5
2017 Year to date	16	6	53	53	29

#### July 2017

Six new cases were added to an ongoing outbreak of pertussis in Lewis and Clark County, bringing the total to 31. The majority of cases continue to be middle school aged students, with a median age of 13 (range 9 months – 64 years). A household cluster of pertussis cases was also reported from a community with a high percentage of unvaccinated individuals in Ravalli County within the last week. Stay tuned next month for updates on this cluster. To date, 60 cases of pertussis have been reported statewide.

One *Haemophilus influenzae* case was reported in an adult that was not type B (untypeable). An isolated case of mumps was reported from Sanders County in an individual without history of disease or vaccine. Sporadic cases of chickenpox were reported from Cascade, Fergus, Missoula, and Yellowstone counties. Cases ranged from 5 months – 5 years.

Data retrieved from DPHHS. For questions contact CDEpi at 406-444-0273.

Montana Immunization Program | [hhsiz@mt.gov](mailto:hhsiz@mt.gov) | (406) 444-5580

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